

## SALES TAX FORM

Program/Clinic Name: \_\_\_\_\_

Cost Center Number: \_\_\_\_\_

Date of Sale: \_\_\_\_\_

Purpose of Sale: \_\_\_\_\_

\_\_\_\_\_

<u>Item Description:</u>	<u>Item Price</u>		<u>No. of Items</u>		<u>Total Price</u>
_____	\$ _____	x	_____	=	\$ _____
_____	\$ _____	x	_____	=	\$ _____
_____	\$ _____	x	_____	=	\$ _____
_____	\$ _____	x	_____	=	\$ _____
_____	\$ _____	x	_____	=	\$ _____
_____	\$ _____	x	_____	=	\$ _____

Total Sales : \$ \_\_\_\_\_

Reported Sales Tax 8.25% \$ \_\_\_\_\_

Contact person: \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title / Position \_\_\_\_\_

Telephone No. \_\_\_\_\_

DMH sale of merchandise to employees and the public to raise funds for various programs are subject to the California sales tax. Sales tax apply to all merchandise that range in price from a few dollars to over \$20.00 per item. Fill out this form, attach the sales tax collected and deliver to:

DMH - Accounting Division  
Revenue Section - 8th floor.  
550 So. Vermont Ave.  
Los Angeles. CA 90020

Cash collection will be hand delivered, checks can be mailed.